10/604776

Approved for use through 9/30/98. OMB 0651-0032
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 43064-0017 **CLAIMS AS FILED - PART I** OTHER THAN **SMALL ENTITY** OR (Column 1) (Column 2) **SMALL ENTITY** FOR NUMBER FILED **NUMBER EXTRA** RATE FEE RATE FEE **BASIC FEE** (37 CFR 1.16(a)) \$ 375 OR TOTAL CLAIMS 42 (37 CFR 1.16(c)) minus 20 -22 198 x \$<u>9</u>= OR 0 INDEPENDENT CLAIMS x\$ 0 = 6 minus 3 = (37 CFR 1.16(b)) 3 x <u>42</u>= 126 OR 0 = 0 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 OR 0 * If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL 699 OR 0 TOTAL CLAIMS AS AMENDED - PART II OTHER THAN **SMALL ENTITY** (Column 1) OR (Column 2) (Column 3) **SMALL ENTITY CLAIMS** HIGHEST ⋖ ADDI-REMAINING ADDI-AMENDMENT NUMBER PRESENT RATE TIONAL **AFTER PREVIOUSLY** RATE TIONAL **EXTRA AMENDMENT** FEE PAID FOR FEE Total ** 37 Minus OR 42 = 0 (37 CFR 1.16(c)) 0 **\$_0** = 0 x \$<u>0</u>= Independent OR *** 4 Minus (37 CFR 1.16(b)) 6 0 0 0 = 0 0 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR TOTAL TOTAL 0 OR (Column I) 0 (Column 2) (Column 3) ADDIT. FEE ADDIT. FEE **CLAIMS HIGHEST** ADDI-REMAINING ADDI-NUMBER ENDMENT PRESENT RATE TIONAL AFTER RATE TIONAL **PREVIOUSLY EXTRA** FEE **AMENDMENT** FEE PAID FOR Total OR Minus (37 CFR 1.16(e)) 0 0. Independent A Minus (37 CFR 1.16(b)) 0 0 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR TOTAL 0 TOTAL OR 0 (Column 1) ADDIT, FEE (Column 2) (Column 3) ADDIT. FEE **CLAIMS HIGHEST** ADDI-REMAINING ADDI-NUMBER **PRESENT** AMENDMENT RATE TIONAL **AFTER PREVIOUSLY** RATE TIONAL **EXTRA AMENDMENT** FEE PAID FOR FEE Total Minus OR (37 CFR 1.16(e)) = 0 0 Independent OR *** Minus = (37 CFR 1.16(b)) 0 0 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL OR TOTAL 0 0 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT, FEE *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.